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TITLE: Correlates of Acquisition of STD Among Persons with AIDS: Result of a Computerized Match Between the San Francisco AIDS and STD Registries

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OBJECTIVES: To examine the characteristics of persons diagnosed with AIDS and a sexually transmitted disease (STD) in San Francisco (SF) and the correlates of STD acquisition after an AIDS diagnosis.

METHODS: We conducted a computerized match among persons in the AIDS registry and persons in the STD registry with syphilis, gonorrhea, or chlamydia between 1992-1996. We defined a match as persons with the same last name, first name, and date of birth. We compared the characteristics of persons with AIDS who had or did not have a reported STD. Persons with AIDS and an STD were categorized into two subgroups: those who acquired an STD before or after their AIDS diagnosis. Logistic regression was used to identify independent correlates of persons acquiring an STD after AIDS.

RESULTS: There were 15,540 persons reported with AIDS between 1992 and 1996. Of these, 527 (3.4%) were reported with an STD between 1992 and 1996. Persons diagnosed with AIDS and an STD were more likely to be injection drug users, white, female, younger; and uninsured than persons with AIDS without an STD. Of those who had both AIDS and an STD, 197 (37.4%) acquired the STD after their AIDS diagnosis. The median time to diagnosis of an STD following an AIDS diagnosis was 17 months (range: 1 to 79 months). After adjusting for CD4 count at AIDS diagnosis, race, sex, mode of transmission and age in the logistic model, persons who had ever been on antiretroviral therapy were more likely to have an STD after AIDS (OR=2.45, 95% C.I., 1.54, 3.88).

CONCLUSIONS: Diagnoses of gonorrhea, syphilis, or chlamydia demonstrate ongoing sexual risk behaviors among persons with AIDS. AIDS patients on antiretroviral treatment may feel healthier, be more likely to engage in sexual activity, and may also have the perception of decreased risk in transmitting HIV. Prevention programs targeting persons with HIV/AIDS must enhance efforts to reduce ongoing risk behaviors among HIV infected persons. Incident STDs among HIV positive persons can serve as surrogate markers for ongoing risk.

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